

| Petitioner's Name (Person completing form) Name(s) of other protected parties   | ☐ Independent☐ Criminal☐ Juvenile                              |
|---|--|
| Check if filing on behalf of:  □a minor child, or □an adult who because of age, disability, health, or inaccessibility cannot file the Petition (list names below). | of (file stamp)  |
| VS.   | Case # (to be completed by Court)                              |
|   | FOR STALKING NO CONTACT ORDER  SIONER INFORMATION              |
| Name:   |  |
| (Street/P.O. Box)   | (City) (State) (Zip Code)                                      |
| ☐ Disclosure of Petitioner's and/or protected   | party'(s) address would risk further abuse. The address listed |

Address:

(Street/P.O. Box) (City) (State) (Zip Code)

Other protected persons (persons to be included in this Stalking No Contact Order), in addition to the Petitioner

(Street/P.O. Box) (City) (State) (Zip Code)

above is Petitioner's and/or protected party'(s) alternative address for service of Notice.

Name: \_\_\_\_\_\_Address:

(Street/P.O. Box) (City) (State) (Zip Code)

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit http://efile.illinoiscourts.gov/service-providers.htm to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit http://www.illinoiscourts.gov/faq/gethelp.asp, or talk with your local circuit clerk's office.

are:



| Petitioner's Name (Person completing form)  | □ Independent<br>□ Criminal      |
|---|----------------------------------|
| Name(s) of other protected parties  | □ Juvenile                       |
| Check if filing on behalf of:  □ a minor child, or □ an adult who because of age, disability, health, or inaccessibility cannot file the Petition (list names below). | (file stamp)                     |
|   | Case #(to be completed by Court) |
| Respondent's Name (Person you want protection from)   | (to be completed by court)       |
| respondent s reame (reison you want protection from)  |                                  |

## VERIFIED PETITION FOR STALKING NO CONTACT ORDER PETITIONER INFORMATION

| Name:               |                                       |                            |                    |                            |
|---------------------|---------------------------------------|----------------------------|--------------------|----------------------------|
| Address:            |                                       |                            |                    |                            |
|                     | (Street/P.O. Box)                     | (City)                     | (State)            | (Zip Code)                 |
|                     | re of Petitioner's and/or protected p |                            |                    |                            |
| Other prote<br>are: | cted persons(persons to be inc        | cluded in this Stalking No | Contact Order), in | addition to the Petitioner |
| Name:               |                                       |                            |                    |                            |
| Address:            |                                       |                            |                    |                            |
| -                   | (Street/P.O. Box)                     | (City)                     | (State)            | (Zip Code)                 |
| Name:               |                                       |                            |                    |                            |
| Address:            |                                       |                            |                    |                            |
| androva             | (Street/P.O. Box)                     | (City)                     | (State)            | (Zip Code)                 |

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### RESPONDENT INFORMATION (If known)

| Name:                | ·····                          | WATER AND THE | DOB:_              |                                 |            |
|----------------------|--------------------------------|---|--------------------|---------------------------------|------------|
|                      |                                | Race:   |                    |                                 |            |
| Hair Color:          | E                              | ye Color:   | Social Securi      | ity #: XXX-XX-                  | 4 numbers) |
|                      |                                | I   |                    |                                 |            |
| Other Numeric Ide    | entifier:                      |   | Description:       |                                 |            |
| □ Home Address:_     |                                | (number -optional)                                | (e.g. <sub>1</sub> | passport #, military serial # o | r other)   |
| Name of Workplac     | :e:                            | (Street/P.O. Box)                                 | (City)             |                                 | · -        |
| □ Work Address:_     |                                | (Street/P.O. Box)                                 | (City)             | (State)                         | (Zip)      |
| Distinguishing Phy   | ysical Featu                   | res:  |                    |                                 |            |
| 8 8 6                |                                |   | (tattoos, s        | cars, etc.)                     |            |
|                      | considered suicidal considered | armed and/or dange                                | nd suicidal        |                                 | ot.        |
| i am requesting a Si | talking No C                   | ontact Order because                              | e on or about      | (Date)                          | _, aı      |
|                      |                                |   | (Location)         |                                 |            |
| the following occur  | red <b>(Be speci</b>           | fic as to dates, even                             |                    | nd describe at leas             | st two (2  |
|                      |                                |   |                    |                                 |            |
|                      |                                |   |                    |                                 |            |
|                      |                                |   |                    |                                 | *          |
|                      |                                |   |                    |                                 |            |
|                      |                                | •••••••••   |                    |                                 | ·          |
|                      |                                |   |                    |                                 |            |
|                      |                                |   |                    |                                 |            |



### RESPONDENT INFORMATION (If known)

| Name:  |   | DOB:                  |   |  |
|--|---|-----------------------|---|--|
| Sex: □ Male □ Female   |   |                       |   |  |
| Iair Color:  | Eye Color:                              | Social Secui          | rity #: XXX-XX-   | last 4 numbers)                        |
| river' License #:  |   |                       |   |  |
| ther Numeric Identifier:   |   | Description:          |   |  |
| Home Address:  | (number -optional)                      |                       | . passport #, military serial   |  |
| ame of Workplace:  |   |                       | (State)  ork Hours:   | =                                      |
| Work Address:  |   |                       | Market |  |
|  |   |                       |   | (Zip)                                  |
| Distinguishing Physical Feat   | ures:                                   | (Jattoos              | scars etc.)   |  |
|  |   |                       |   |  |
| ☐ suicidal   | d armed and/or dar<br>d armed, dangerou | s and suicidal        |   | . at                                   |
| ram requesting a standing rve  | Contact Order occ                       |                       | (Date)  | ,                                      |
|  |   | (Location)            |   | ······································ |
| he following occurred(Be spe   | cific as to dates, ev                   | vents and location(s) | and describe at le  | east two (2)                           |
|  |   |                       |   | · · · · · · · · · · · · · · · · · · ·  |
|  |   |                       |   |  |
|  |   |                       |   |  |
|  |   |                       |   |  |
|  |   |                       |   |  |
| Walter Committee |   |                       |   |  |
|  |   |                       |   |  |

| *************************************** |  |
|---|--|
|   |  |
|   | <b>nue</b> is appropriate in this county because: □the Petitioner resides here: □ the Respondent resides here: (1) or more acts of the alleged stalking occurred here (check all that apply).  |
|   | REMEDIES SECTION (Section 80)  |
| Pursu                                   | ant to the Stalking No Contact Order Act, the Petitioner seeks the following remedies:   |
| 1.                                      | ☐ That prohibits the Respondent from threatening to commit or committing stalking personally or through third party.   |
| 2.                                      | ☐ That the Respondent may not contact with Petitioner and/or other protected persons in any way, directly, indirectly or through third parties, including, but not limited to, phone, written notes, mail, email, or fax.  |
| 3.                                      | ☐ That the Respondent be ordered to stay at least feet away from the Petitioner and/or other protected persons and their residence, school daycare, emlployment and any other specified place. That Respondent be prohibited from entering or remaining at the Petitioner's and/or other protected persons': |
|   | □ place of residence, currently located at   |
|   | □ place(s) of employment, located at   |
|   | □ school(s) and/or daycare, located at   |
|   | ☐ And any of the following specified places, when Petitioner and/or other protected persons are present:   |
| 4.                                      | That the Respondent be prohibited from possessing a Firearms Owners Identification Card, or possessing or buying firearms.   |
| 5.                                      | Other injunctive relief as follows:  |
|   |  |

WHEREFORE, Petitioner moves the Court to grant the relief requested in this Petition.

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WHEREFORE, Petitioner moves the Court to grant the relief requested in this Petition.

### VERIFICATION

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW PURSUANT TO SECTION 1 - 109 OF THE CODE OF CIVIL PROCEDURE, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS INSTRUMENT ARE TRUE AND CORRECT, EXCEPT AS TO MATTERS HEREIN STATED TO BE ON INFORMATION AND BELIEF AND AS TO SUCH MATTERS THE UNDERSIGNED

CERTIFIES AS AFORESAID THAT THE UNDERSIGNED VERILY BELIEVES THE SAME TO BE TRUE.

| Signature of Petitioner  |  |
|--|--|
| Petitioner's Attorney or<br>Petitioner if not represented by an attorney |  |
| Name:  |  |
| Address:   |  |
| City/State/Zip Code:   |  |
| Telephone Number:  |  |

### **DEFINITION OF TERMS USED IN THIS PETITION**

- 1. **Stalking No Contact Order:** am Emergency Order or Plenary Order granted under the Stalking No Contact Order Act (the Act), which includes any remedy authorized by 740 ILCS 21/80.
- 2. Course of Conduct:means two (2) or more acts, including but not limited to acts in which a Respondent directly, indirectly, or through third parties, by any action, method, device or means communicates to or about, a person, engages in other contact, or interferes with or damages a persons' property or pet. A course of conduct may include contact via electronic communications. The incarceration of a person in penal institution who commits the course of conduct is not a bar to prosecution under this Section.
- 3. **Emotional Distress:** means significant mental suffering, anxiety or alarm.
- 4. **Contact:** includes any contact with the victim, that is initiated or continued without the victim's consent, or that is in disregard of the victim's expressed desire that the contact be avoided or discontinued, including but not limited to being in the physical presence of the victim; appearing within the sight of the victim; approaching or confronting the victim in a public place or on private property; appearing at the workplace or residence of the victim; entering onto or remaining on property owned, leased, or occupied by the victim; or placing an object on, or delivering an object to, property owned, leased, or occupied by the victim.
- 5. **Petitioner:**means any named Petitioner for the Stalking No Contact Order or any named victim of stalking on whose behalf the Petition is brought.
- 6. **Reasonable Person:**means a person on the Petitioner's circumstances with the Petitioner's knowledge of the Respondent and the Respondent's prior cts.

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CERTIFIES AS AFORESAID THAT THE UNDERSIGNED VERILY BELIEVES THE SAME TO BE TRUE.

| Signature of Petitioner  |
|--|
| Petitioner's Attorney or<br>Petitioner if not represented by an attorney |
| Name:  |
| Address:   |
| City/State/Zip Code:   |
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7. **Stalking:**means engaging in a course of conduct directed at a specific person, and he or she knows or should know that this course of conduct would case a reasonable person to fear for his or her safety or the safety of a third person or suffer emotional distress. Stalking does not include an exercise of the right to free speech or assembly that is otherwise lawful or picketing occurring at the workplace that is otherwise lawful and arises out of a bona fide labor dispute, including any controversy concerning wages, salaries, hours, working conditions or benefits, including health and welfare, sick leave, insurance, and pension or retirement provisions, the making or maintaining of collective bargaining agreements, and the terms to be included in those agreements.

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